

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213501079					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Macy's Systems and Technology, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA 23219</p> </div> <div style="width: 35%;"> <p>DUE DATE: 1/31/2013</p> <p>SCC ID NO: F1323890</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	100	
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COMMON	100						
<p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p>							
<p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p>							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: C/O MACY'S CORP SERVICES INC 7 W SEVENTH ST</p> <p style="text-align: center;">CITY/ST/ZIP: CINCINNATI, OH 45202</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LARRY LEWARK TITLE: PRESIDENT ADDRESS: 5985 STATE BRIDGE ROAD CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: LARRY LEWARK TITLE: PRESIDENT ADDRESS: 5985 STATE BRIDGE ROAD CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME:	ANN MUNSON STEINES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7 WEST 7TH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		
NAME:	BRIAN M SZAMES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7 W SEVENTH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		
NAME:	JOE TIROCKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5985 STATE BRIDGE RD.		
CITY/ST/ZIP/CO:	JOHNS CREEK, GA 30097		
NAME:	LINDA J BALICKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	7 W SEVENTH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		
NAME:	KATHLEEN A. FURLONG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	7 WEST 7TH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		
NAME:	CHRISTOPHER M. KELLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	7 WEST 7TH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		
NAME:	STEPHEN J O'BRYAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	7 WEST 7TH ST		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		
NAME:	STEVEN G. LUCAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	7 WEST 7TH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		
NAME:	SUSAN P. STORER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	7 WEST 7TH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		
NAME:	TOM COLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	151 W 34TH ST., 13TH FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001		
NAME:	FAYE GLANCZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	5985 STATE BRIDGE ROAD		
CITY/ST/ZIP/CO:	JOHNS CREEK, GA 30097		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN LEINBACH SVP 151 W. 34TH ST., 13TH FL NEW YORK, NY 10001	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONNA A. MAGEE SVP 151 W 34TH ST., 13TH FL NEW YORK, NY 10001	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOEL BELSKY DIRECTOR 7 WEST SEVENTH ST CINCINNATI, OH 45202	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mike Manougian VICE PRESIDENT 5985 State Bridge Road Johns Creek, GA 30097	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gary Webb ASST SECRETARY 7 West 7th Street Cincinnati, OH 45202	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ STEPHEN J O'BRYAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		STEPHEN J O'BRYAN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE		1/9/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					